SafeTechSolutions

SOUTH DAKOTA EMERGENCY MEDICAL SERVICES SURVEY AND LISTENING SESSIONS REPORT

DECEMBER 2016

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Table of Contents

I. Introduction and Background

Emergency Medical Services (EMS) is a vital component of the healthcare system in South Dakota. Out-of-hospital emergency medical services are provided by 130 local ambulance service agencies scattered across the state. These independent agencies and their personnel are licensed, certified and regulated by the State of South Dakota and by the South Dakota Board of Medical Examiners and Osteopathic Examiners.

In January 2015, South Dakota Governor Dennis Daugaard filed Executive Reorganization Order No. 2015-01, which moved oversight of EMS from the Department of Public Safety to the Department of Health. The move was consistent with the Department of Health's vision for *healthy people, healthy communities and a healthy South Dakota* and with the Department's goal of improving access to quality healthcare statewide. The EMS Program was located in the Department of Health's Office of Rural Health where the support of EMS has been a rural health priority over the past decade.

In May 2015, the EMS Program convened an EMS Stakeholders Group to seek input on EMS Program planning. The group included ambulance service leaders; state legislators; representatives of state, county and municipal government; physicians; fire service leaders; hospital administrators and representatives from state EMS associations and other relevant organizations. The group met four times through the summer of 2015 and made 10 recommendations to the EMS Program.

Along with those recommendations was a suggestion that the EMS Program evaluate the current state of EMS in South Dakota and establish a benchmark for improvement. The EMS Program contracted with SafeTech Solutions, LLP, a national EMS consulting firm, to conduct a statewide survey of all transporting EMS agencies in South Dakota as well as to conduct regional listening sessions with EMS provider agencies and local stakeholders. SafeTech has broad experience working with rural EMS in South Dakota and throughout the United States.

The goals of the survey and regional listening sessions were to:

- Follow-up on the EMS Stakeholders Group's recommendations;
- Learn about the current state of EMS in South Dakota;
- Explore the reliability and sustainability of EMS agencies in South Dakota;
- Identify local agency challenges and needs;
- Learn about the perceptions of EMS agencies;
- Identify opportunities to provide technical assistance; and
- Ensure that EMS Program planning is guided by broad input from EMS leaders statewide.

The survey

A survey was developed by SafeTech in cooperation with the EMS Program and delivered online between May and July 2016. All transporting EMS agencies in South Dakota were surveyed, including:

- Agencies providing ground response and transportation;
- Agencies providing fixed and roto-wing air medical services; and
- Agencies based outside South Dakota that provide significant response into South Dakota.

EMS Program staff provided assistance to some of the agencies in completing the survey.

The resulting survey data has the following limitations:

- The survey relies on the knowledge and accuracy of the person completing the survey;
- The data and information provided by the EMS agencies was not confirmed or checked for accuracy;

- The data and information provided by the EMS agencies was not compared to other data sources such as census data, the South Dakota EMS data collection system or data from public safety answering points (PSAPs);
- The survey sought to explore subjective perceptions and opinions; and
- Respondents to the survey may have varied in how they defined terms such as "volunteer."

Listening sessions

All 130 EMS agencies were invited to participate in three-hour facilitated listening sessions. These sessions were hosted on evenings in October, November and December in:

- Sioux Falls
- Watertown
- Aberdeen
- Rapid City
- Mitchell
- Pierre
- Mobridge
- (A meeting in Spearfish was cancelled due to weather.)

Beyond the goals outlined above, the goals of listening sessions were to:

- Learn about opportunities, concerns and challenges of agencies in South Dakota;
- Share survey results;
- Discuss strategies for ensuring South Dakota has a strong EMS system;
- Learn about agency preparedness; and
- Strengthen relationships between agencies and between agencies and the EMS Program.

Approximately 30% of EMS agencies sent representatives to the listening sessions.

*** A Note on Terminology**

In both the survey and listening sessions SafeTech Solutions uses the term "volunteer" to describe any worker who is not compensated or compensated with other than regular wages. For example, a worker who is paid less than minimum wages to be on call or paid per call is considered a volunteer.

Below is a report of findings from the survey and listening sessions.

II. Overview of EMS in South Dakota

Out-of-hospital emergency medical ambulance services in South Dakota are provided by 130 individual agencies. Of these agencies:

- 123 are ground ambulance services based in South Dakota;
- 5 are air medical services based both in and outside of South Dakota; and
- 2 are ground ambulance services based outside of South Dakota but provide significant response into South Dakota.

Respondent agencies report the following about their agencies, populations served, services provided, call volumes, ownership, leadership and staffing. The major issues and challenges will be addressed in the section titled "Major Issues and Challenges."

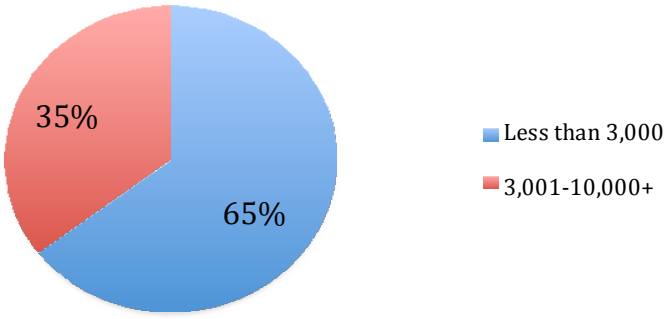
A. Populations Served

Populations served is an important indicator of an agency's ability to recruit workers in a volunteer staffing model (73% of EMS agencies in South Dakota utilize volunteers). In working with hundreds of rural EMS agencies and communities, SafeTech Solutions has found that it takes about 100 persons in a service area to generate one volunteer. Beyond population, recruiting is also impacted by factors such as percentage of population over 65 years of age and economic and employment conditions.

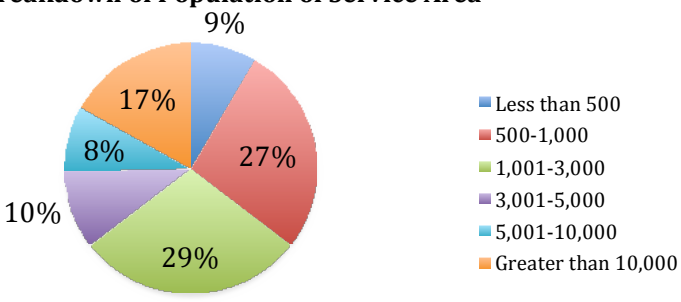
A majority of South Dakota EMS agencies (84 agencies, or 65%) serve populations of 3,000 or fewer, and 46 agencies, or 36%, of these serve populations of 1,000 or fewer.

Less than 500..... 11 agencies (9%)
500-1,000..... 35 agencies (27%)
1,001-3,000..... 38 agencies (29%)
3,001-5,000..... 13 agencies (10%)
5,001-10,000..... 11 agencies s (8%)
Greater than 10,000..... 22 agencies (17%)

Population of Service Area



Breakdown of Population of Service Area

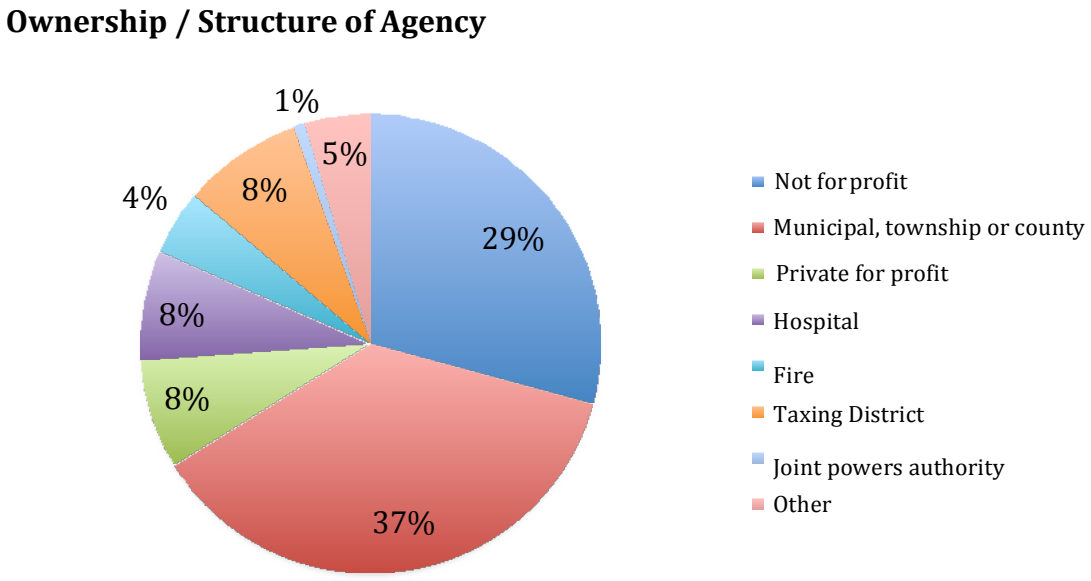


B. Agency Ownership

Transporting ambulance agencies in South Dakota are owned by a variety of entities, testifying to the varying ways that EMS developed in South Dakota and is provided today. More than half are publicly owned through local government, fire departments, taxing districts, joint powers authorities, tribal government or the federal government.

Ownership is as follows:

- Not for profit ……38 agencies, or 29%
- Municipal, township or county ……48 agencies, or 37%
- Private for profit ……10 agencies, or 8%
- Hospital ……10 agencies, or 8%
- Fire ……6 agencies, or 4%
- Taxing district ……11 agencies, or 8%
- Joint powers authority ……1 agencies, or 1%
- Other (tribal, federal or "self")……6 agencies, or 5%



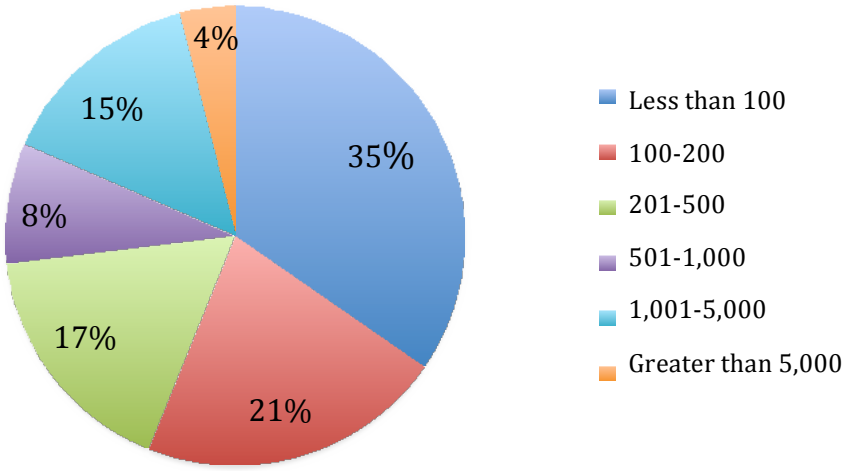
C. Call Volume
Call volume provides an indicator of the potential revenue an EMS agency may earn.

A majority of South Dakota EMS agencies (73 agencies, or 56%) respond to 200 or fewer calls each year.

Below is the number of agencies responding to:

- Fewer than 100 calls annually .....45 agencies, or 35%
- 100-200 calls annually .....28 agencies, or 21%
- 201-500 calls annually .....22 agencies, or 17%
- 501-1,000 calls annually .....11 agencies, or 8%
- 1,001-5,000 calls annually .....19 agencies, or 15%
- Greater than 5,000 calls annually ..... 5 agencies, or 4%

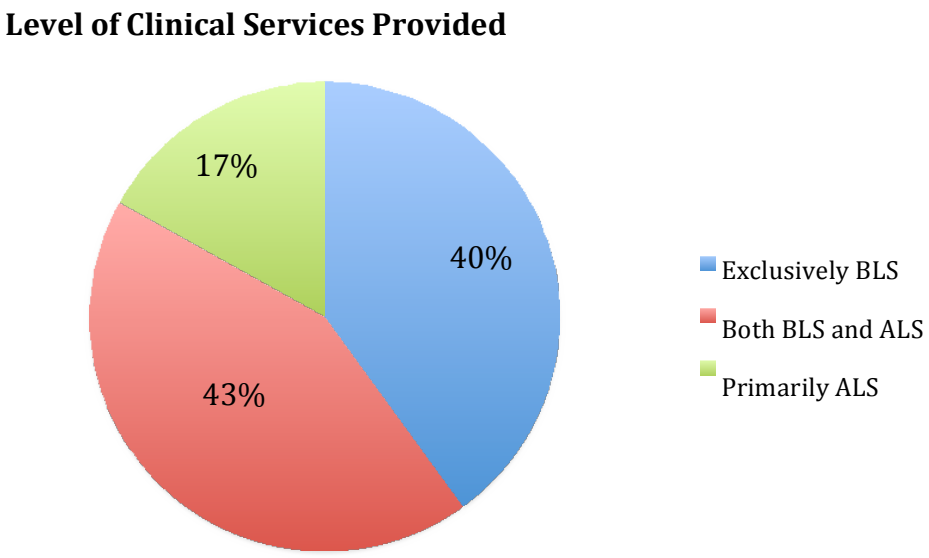
Annual Call Volume



D. Level of Clinical Care Provided

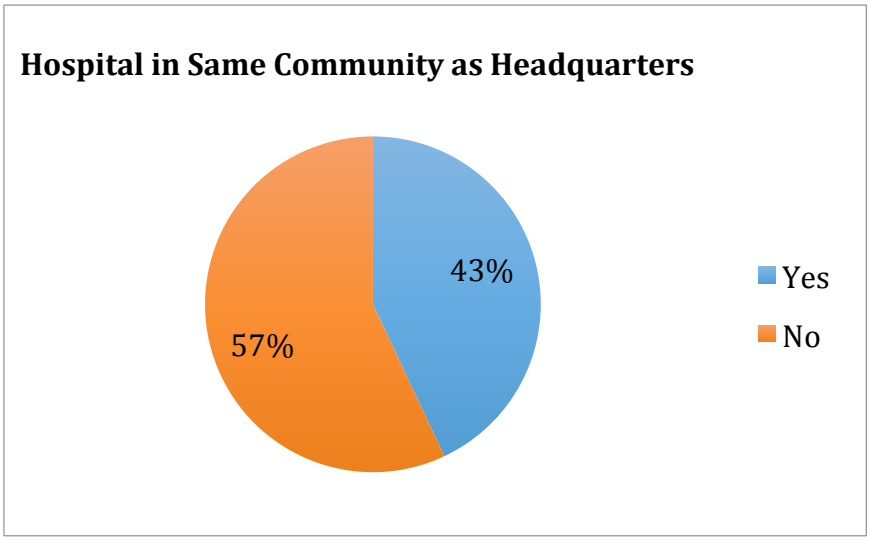
The clinical services provided by an EMS agency are broadly categorized as either BLS (basic life support, which includes the provision of cardiopulmonary resuscitation; bleeding control; and the management of trauma shock, poisoning, life threatening illnesses, injuries and wounds) or ALS (advanced life support, which includes basic life support plus advanced cardiac monitoring, advanced airway management, the use of a variety of medications and other advanced emergency medical procedures).

- Agencies exclusively providing BLS ……52 agencies, or 40%
- Agencies providing both BLS and ALS …… 56 agencies, or 43%
- Agencies providing primarily ALS…….. 22 agencies, or 17%



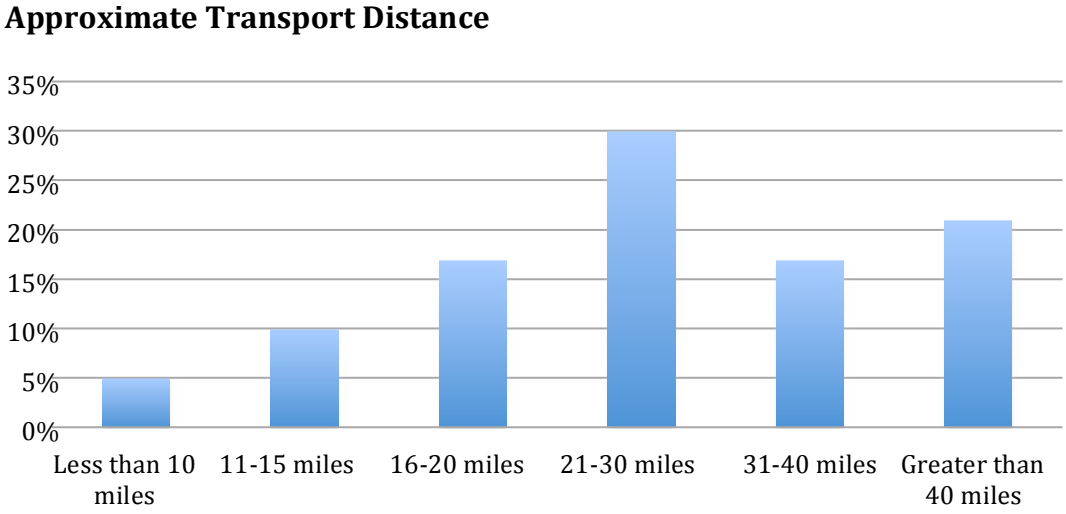
E. Hospital Presence and Transporting Distances
The absence of a hospital in a community often impacts the time a crew will spend on a call. The presence of a hospital in a rural community suggests an EMS agency may be involved in long distance inter-facility transfers.

Of the survey's 130 responding agencies, 74 agencies, or 57%, report that there is *not* a hospital in the same community as their headquarters or main stations. 56 agencies, or 43%, report that there *is* a hospital in their same communities.



Of the 77 responding agencies without a hospital in their same communities, 38% report distances of 31 miles or greater between their main headquarters or stations and their agencies' main hospital receiving facilities. Only 5% reported distances less than 10 miles.

- Less than 10 miles ……4 respondents, or 5%
- 11-15 miles ……8 respondents, or 10%
- 16-20 miles ……13 respondents, or 17%
- 21-30 miles ……23 respondents, or 30%
- 31-40 miles ……13 respondents, or 17%
- Greater than 40 miles ……16 respondents, or 21%



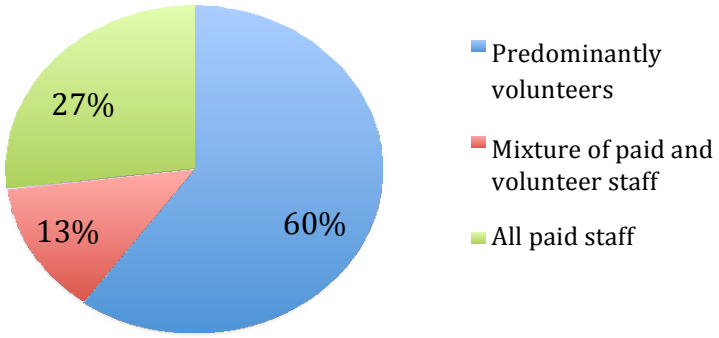
F. Agency Staffing Models and Use of Schedule

EMS agencies are typically staffed using employees who are paid regular wages or employees who are often called "volunteers" and are either not paid at all or are paid less than regular wages. Some agencies utilize a combination of paid and volunteer staff.

Of the survey's 130 responding agencies, 60% indicate their staff is predominantly volunteers.

- Predominantly volunteer ……78 agencies, or 60%
- Mixture of volunteers and paid staff ……17 agencies, or 13%
- All paid staff ……35 agencies, or 27%

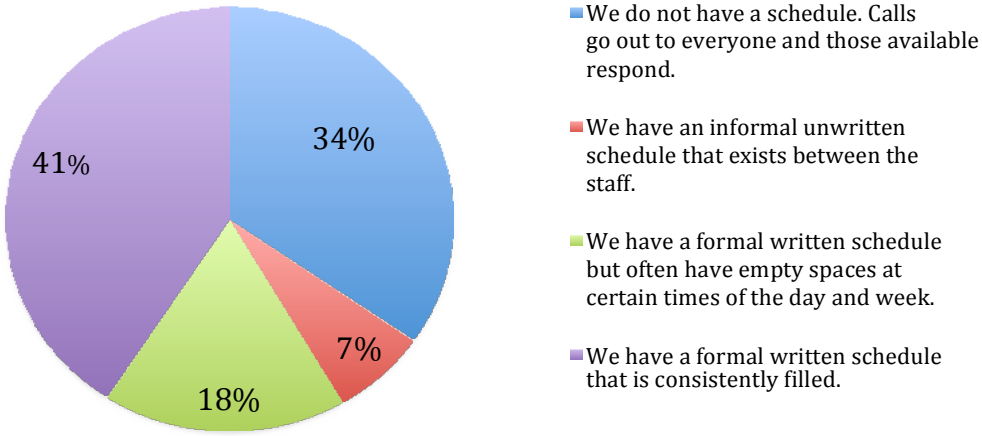
Agency Staffing Model



Of the survey's 130 responding agencies:

- 76 agencies, or 59%, indicate they operate with a formal written schedule.
- 53 agencies, or 41%, have a formal written schedule that is consistently filled (although 6 indicate this is difficult to achieve).
- 45 agencies, or 34%, do not have a schedule at all. Calls go out to everyone and those available respond.
- 9 agencies, or 7%, have an informal unwritten schedule that exists between staff.

Schedule Use

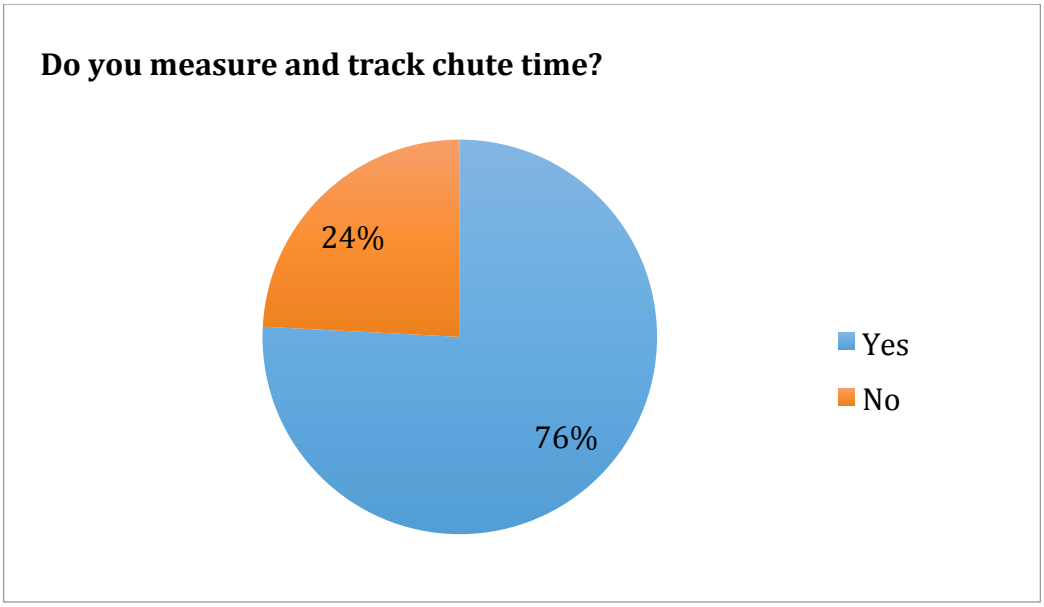


G. Chute Time Measurement and Tracking

Chute time is an indicator of the reliability of volunteer EMS agencies. Most volunteer EMS agencies in South Dakota do not have crews waiting at their ambulance stations and, instead, respond from their homes, workplaces or elsewhere when needed. Chute time is a measurement of time from the notification of the crew until the ambulance begins moving toward the emergency scene. This measurement is controllable. (Total response times are not controllable because of distance, weather and many other factors). How rapidly crews are able to go in service and begin their response can be an indicator of staff availability (Are people available to rapidly respond?) and staff engagement (Are people motivated to be available and respond rapidly?). There is no standard benchmark for chute time but agencies typically set goals of having a chute time between 1 and 10 minutes.

The EMS Program was interested in whether or not agencies were measuring and paying attention to chute time.

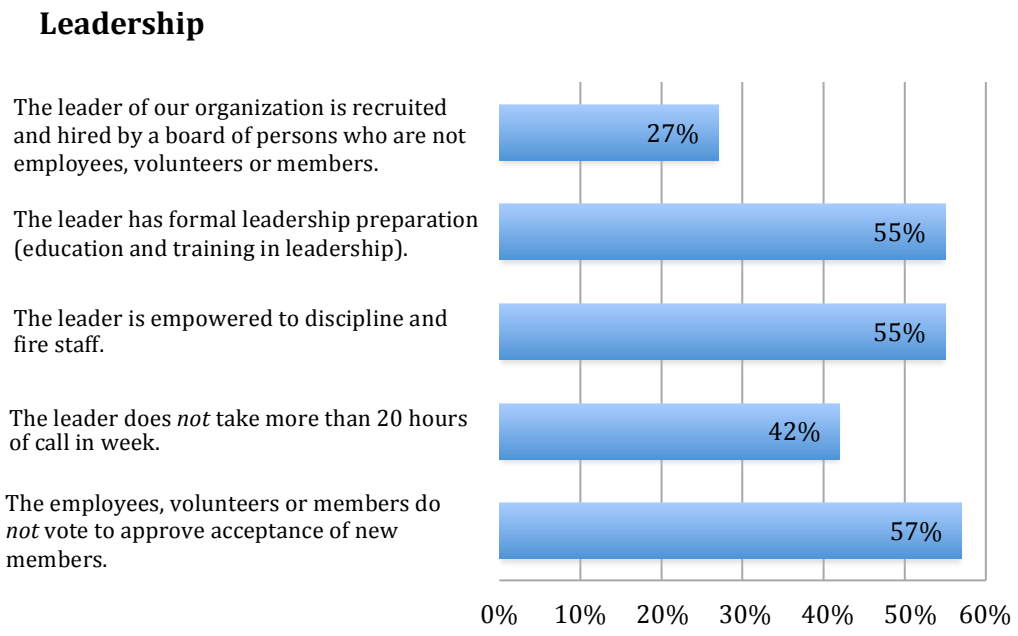
Of the 91 agencies using volunteers that responded to this question, 76% report that they measure and track chute time, while 24% report they do not.



H. Leadership and Structure

Organizational leadership can be an important factor in an agency's success and ability to address challenges. How the leader is chosen, prepared, empowered and utilized provides insight into the organization's culture. How new employees, members or volunteers become part of the organization provides an indication of how the organization is structured and operated (i.e. more like a club or more like a business).

- 35 agencies, or 27%, report the leader of their organization is recruited and hired by a board of persons who are not employees, volunteers or members;
- 72 agencies, or 55%, report their leader has both formal leadership preparation and the power to discipline and fire staff;
- 55 agencies, or 42%, report their leader does *not* take more than 20 hours of ambulance call time in a week; and
- 72 agencies, or 57%, report that their members do *not* vote to approve the acceptance of new members to their agencies.

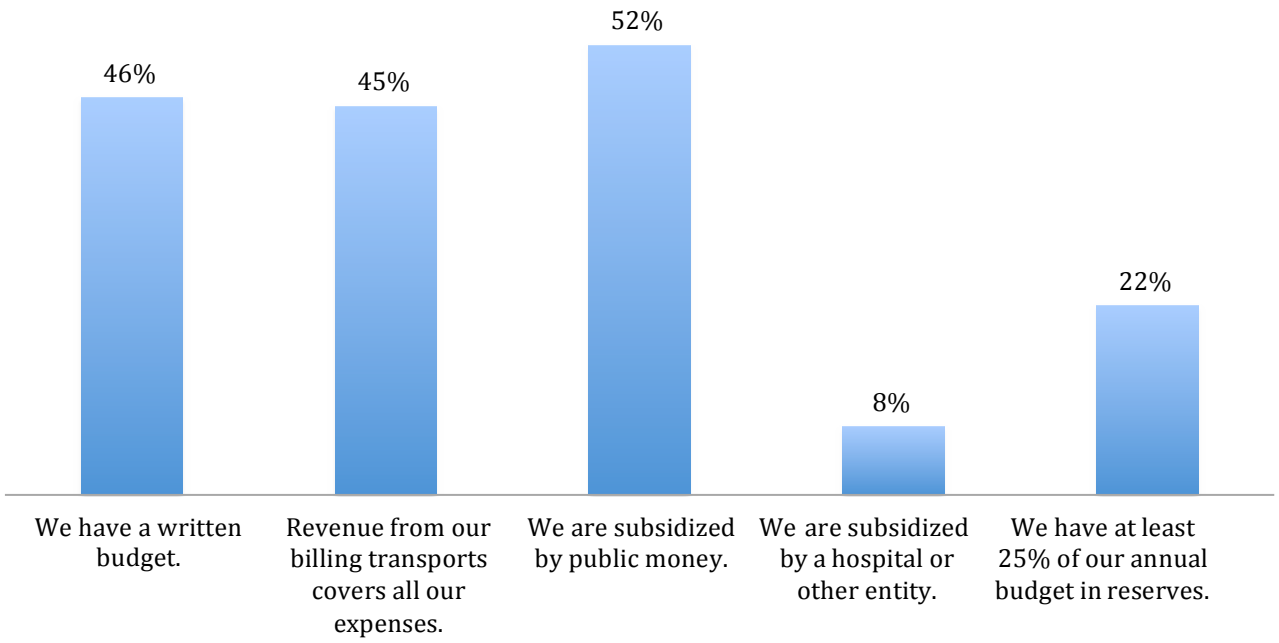


I. Financial Situation and Practices

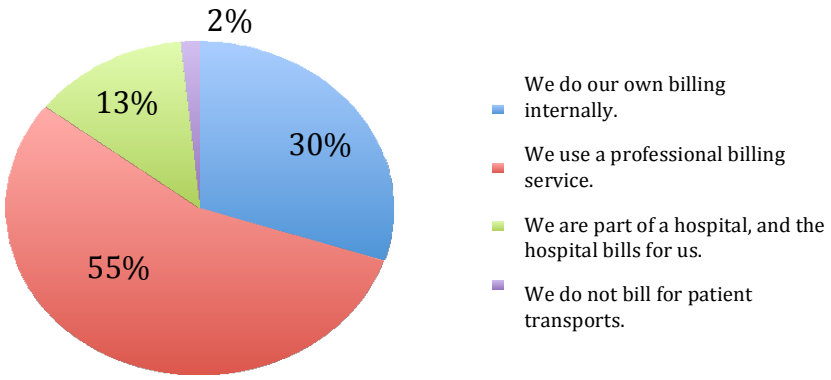
Organizational sustainability is connected to an organization's financial practices and situation.

- 68 agencies, or 52%, are subsidized by public money (taxes, taxing district, municipal or county funds);
- 60 agencies, or 46%, have a written budget;
- 58 agencies, or 45%, indicate that revenue from their billing for transports covers expenses;
- 29 agencies, or 22%, report having at least 25% of their annual budget in reserves;
- 39 agencies, or 30%, do their own billing internally;
- 71 agencies, or 55%, use a professional billing service;
- 17 agencies, or 13%, are part of a hospital, and the hospital bills for them; and
- Only 2 agencies report not billing for services.

Financial Situation and Practices



Billing Practices

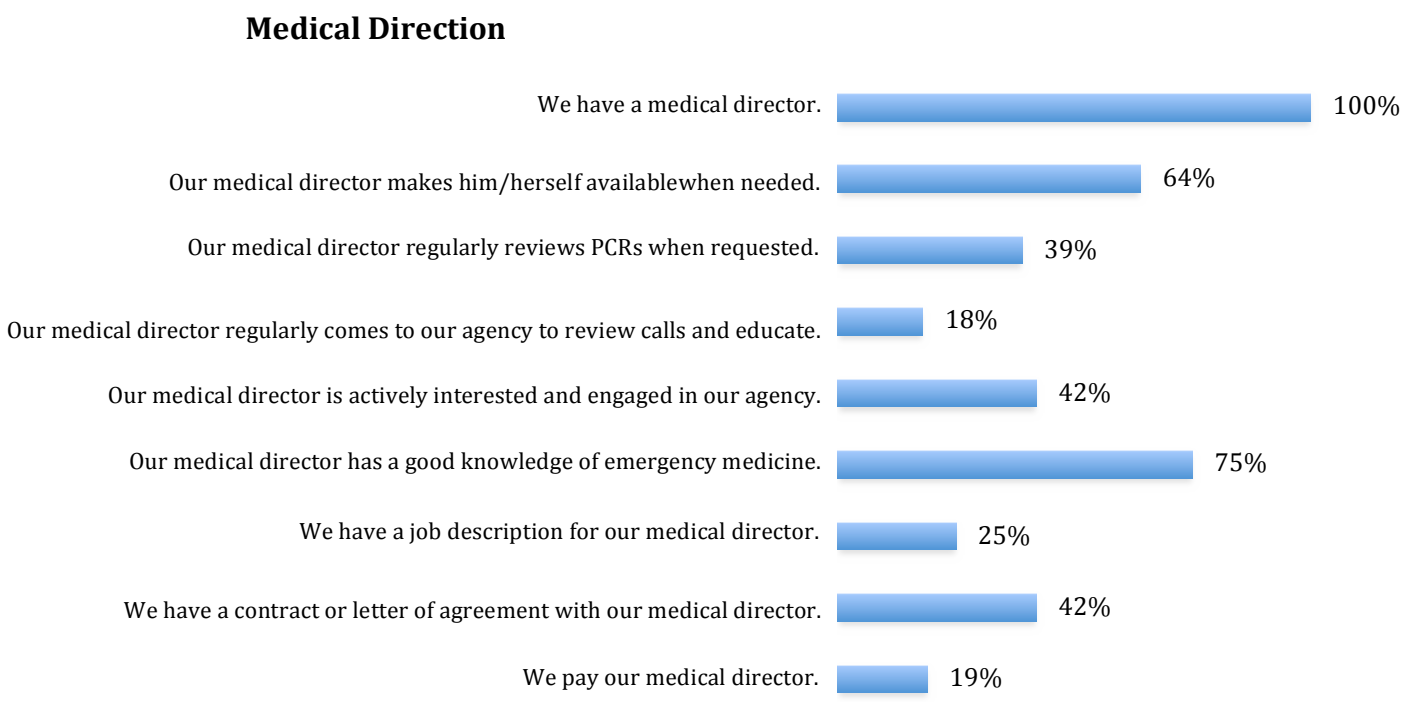


J. Medical Direction

Physician medical direction is often considered a key element to the clinical quality of services provided. The involvement and structure of the relationship with the medical director are key factors in an agency's effectiveness.

Of the 130 agencies, 100% have a medical director, and 75% report their medical directors have a good knowledge of emergency medicine. Over half (64%) report their medical director makes him/herself available when needed. Percentages begin to drop, however, when respondents consider their medical directors' level of engagement with their agencies and whether their agencies make involvement by their medical directors formal and compensated. For example, less than half (42%) report active engagement, and only 18% report their medical directors regularly come to their agencies to review calls and educate. Less than half (42%) have formal letters of agreement or contracts with their medical directors, and only a quarter have job descriptions for their medical directors. Only 19% pay their medical directors.

- We have a medical director ……130 respondents, or 100%
- Our medical director makes him/herself available when needed……83 respondents, or 64%
- Our medical director regularly reviews PCRs when requested……51 respondents, or 39%
- Our medical director regularly comes to our agency to review calls and educate……23 respondents, or 18%
- Our medical director is actively invested and engaged in our agency……55 respondents, or 42%
- Our medical director has a good knowledge of emergency medicine……97 respondents, or 75%
- We have a job description for our medical director……33 respondents, or 25%
- We have a contract or letter of agreement with our medical director……54 respondents, or 42%
- We pay our medical director……25 respondents, or 19%



K. Educational and Computer Capabilities
The EMS Program sought the following information for educational planning purposes:

- 88% of responding agencies report they have a physical meeting or training space in the same building where their ambulances are located;
- 86% report they have high-speed Internet at their meeting locations;
- 79% report they have a computer at their meeting locations; and
- 82% report their agencies have audio/visual services at their meeting locations.

III. Major Issues and Challenges

The following major issues and challenges emerged from aggregating the data from the survey and the listening sessions:

- Workforce shortages
- Reliability
- Sustainability/Preservation of the volunteer staffing model
- Financial resources
- The successful testing of new providers
- Outdated laws and rules
- Regional collaboration

Workforce shortages
In both the survey and listening sessions recruiting, retaining, staffing, scheduling and motivation are the leading challenges and issues facing a majority of EMS agencies in South Dakota.

Workforce shortages are an issue for both paid and volunteer agencies.

- 78% of agencies report staffing, or having enough people to adequately staff, is a challenge;
- 94% of agencies report workforce (recruiting, retaining, motiving and engaging workers) is their area of greatest need;
- 36% agree or strongly agree that they have enough staff;
- 35% agree or strongly agree that employees/volunteers/members rarely take more than 48 hours of call per week;
- 41% agree or strongly agree that employees/volunteers/members can easily leave town without worry or guilt;
- 33% agree or strongly agree that they have defined recruitment strategies and regularly engage in recruitment activities;
- 57% agree or strongly agree that they have identified a specific number of active people needed on their roster to operate safely and humanely; and
- 59% agree or strongly agree that their scheduling of staff is safe and humane (adequate time off is encouraged, and a limit to the working of continuous on-call hours is enforced).

Agencies with fully paid staffs report some challenges with recruiting paramedics in general, and more specifically, with recruiting paramedics with paramedic experience who they describe as “quality” workers and clinical providers.

None of the paid departments report shortages to be impacting daily operations.

Paid fire departments report less challenges in recruiting and retraining paramedics than non-fire department agencies.

The most acute shortages are in the 95 agencies in South Dakota that use volunteers or donated labor in some form. Representatives from these agencies report increasing difficulty in recruiting enough people to replace employees/volunteers/members who are leaving, aging out or becoming inactive.

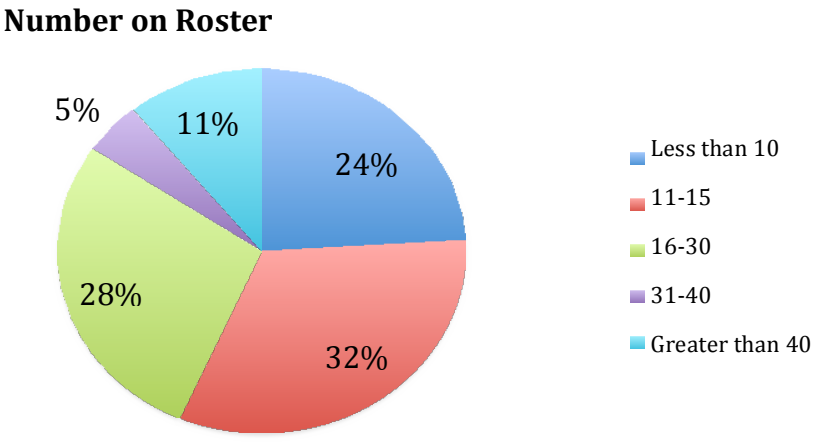
Representatives from volunteer agencies described at listening sessions the staffing and recruiting challenges to be related to the following:

- Lack of interest in volunteering by younger generations;
- Difficulties associated with completing training and passing tests;
- Employers unwilling to allow volunteers to leave work and respond on EMS calls;
- Increased time commitments associated with long transports and long transfers;
- Time commitments associated with ongoing training and recertification;
- A lack of available time as potential recruits are working more hours and traveling further for employment;
- Lack of available crew members at certain times of the day and week; and
- Chronic short staffing causing burnout.

The size of an agency's roster and the number of people on the roster who are active are indicators of an organization's workforce capability. "Active" can be loosely defined as those who regularly avail themselves to be on call, regularly respond to calls and regularly attend agency meetings and training. SafeTech Solutions has found that it takes at least 14 active members to safely and humanely staff one 24/7 unit in a volunteer agency. With 14 active members, each member would be needed to take at least 24 hours of call per week (if the unit is staff with two members).

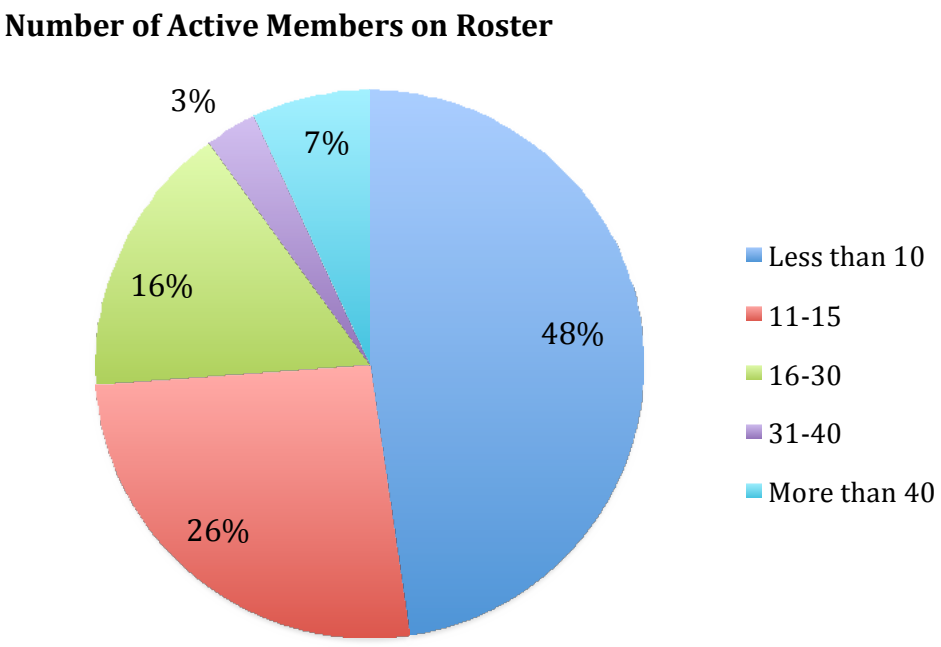
Of the 129 agencies who responded to the survey question, 73 agencies, or 56%, report having 15 or fewer employees, volunteers or members on their rosters.

- Less than 10 on roster ……..31 respondents, or 24%
- 11-15 on roster ……..42 respondents, or 32%
- 16-30 on roster ……..36 respondents, or 28%
- 31-40 on roster ……..6 respondents, or 5%
- Greater than 40 on roster ……..14 respondents, or 11%



Of the 130 agencies who responded to the survey question, 62 agencies, or 48%, report having fewer than 10 active employees, volunteers or members on their rosters. 96 agencies, or 74%, report having 15 active members or less.

- Less than 10 active ……..62 respondents, or 48%
- 11-15 active ……..34 respondents, or 26%
- 16-30 active ……..21 respondents, or 16%
- 31-40 active ……..4 respondents, or 3%
- Greater than 40 active ……9 respondents, or 7%



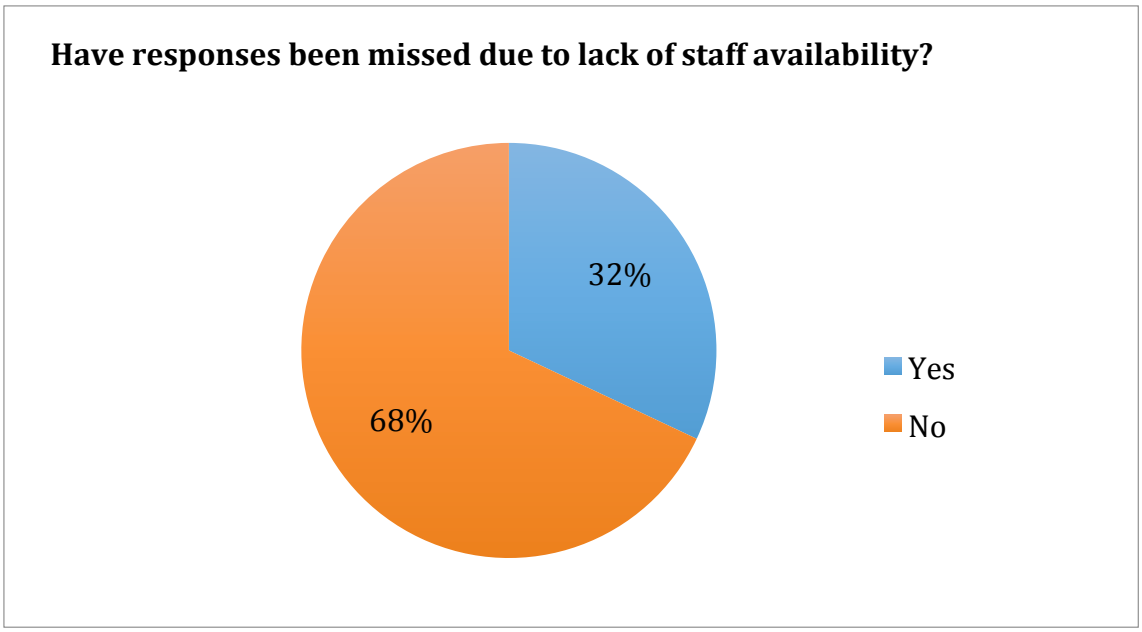
Volunteer EMS Agency Reliability

Volunteer EMS agency reliability is concerned with whether or not an agency is able to meet requests for service in a timely manner. SafeTech Solutions assesses an EMS agency's reliability by evaluating whether or not the agency was able to meet all requests for service in a given time period (say the past year) along with its chute times (a measurement of time from the notification of the crew until the ambulance begins moving toward the emergency scene). An agency's ability or inability to be reliable is an indicator of the impact of a shortage of volunteers it operates with.

Assessing EMS agency reliability in South Dakota is difficult. There is currently no uniform reporting of responses missed or delayed, and there is no uniform tracking of chute time. The survey asked volunteer agencies to self-report missed responses and delayed responses.

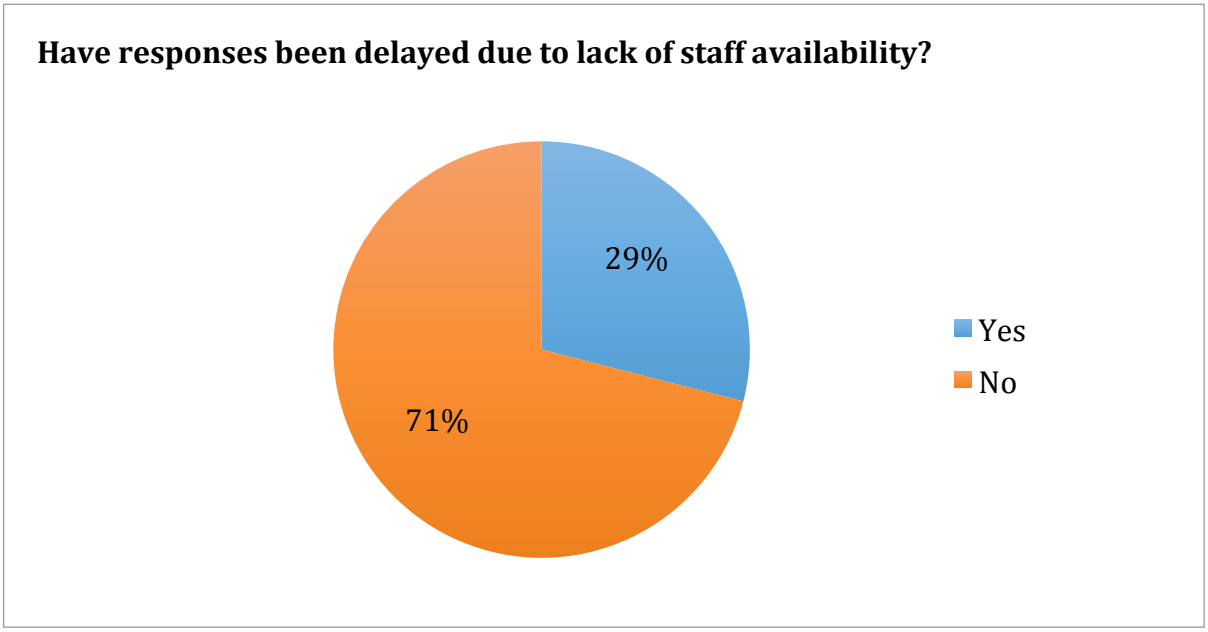
91 of 95 volunteer agencies responded to a question about missed responses. 29 agencies, or 32%, reported missing responses in the past year due to staffing shortages. In the "Comments" section of the survey, some indicated that missed responses had occurred more than once.

- 29 agencies (32% of the volunteer agencies) reported missing responses in the past year.
- 62 agencies (68% of the volunteer agencies) reported not missing responses in the past year.



91 of 95 volunteer agencies responded to a question about delayed responses. 26 agencies, or 29%, reported delayed responses in the past year due to staffing shortages. In the "Comments" section of the survey, 3 respondents indicated delays were especially true for transfers.

- 26 agencies (29% of the volunteer agencies) reported delayed responses.
- 65 agencies (71% of the volunteer agencies) reported no delay in responses.



Agency Sustainability
Sustainability is an evaluation of an agency's likelihood of continuing to be in business in the coming 3-10 years. Volunteer EMS agencies across the United States are struggling to stay in business due to a shortage of people and funding. The current EMS system in South Dakota relies on local agencies to provide these services, and a real concern is whether or not these services will be able to continue operation in the future.

Whether or not an agency is sustainable is impacted by many things. SafeTech Solutions assesses EMS agency sustainability by evaluating a number of factors including:

- Trends in the number of active employees/volunteers/members on the agency roster;
- The financial resources of the organization (subsidies, local support, financial reserves);
- Ability to create a compelling recruiting value proposition;
- Organization culture;
- Leadership;
- Community support;
- Collaboration with other agencies;
- Internal culture;
- Involvement of the medical director;
- Business structure of the organization;
- Scheduling practices; and
- Planning practices.

Agency roster trends
In listening sessions volunteer EMS agencies reported 10 year trends of declining numbers of active people on their rosters. Agencies represented in the session described not being able to adequately replace employees/members/volunteers who were leaving the work or becoming inactive. The current trend suggests that some agencies (as operating today) will not have sustainable numbers in the next 3-10 years.

Financial situation
In listening sessions volunteer EMS agencies reported having begun to pay volunteers using on call pay, per call pay and weekend and holiday incentives. They also reported not having the financial resources available (as operating today) to pay for fulltime staffing.

The sustainability index
As part of the survey, SafeTech Solutions created a sustainability index that asked EMS agencies to agree or disagree with 20 statements on a Likert-type scale. The statements reflect SafeTech Solutions' work around sustainability elements of EMS agencies. An agency has the possibility of scoring 100 points on the index.

- Agencies that score 75 or above are considered sustainable.
- Agencies that score below 75 face challenges to their sustainability.
- Agencies that score below 60 are likely to not be sustainable without significant change.

Of South Dakota's 130 agencies:
- 44, or 34%, are sustainable as operating today;
- 61, or 47%, face challenges to their sustainability as operating today; and

- 25, or 19%, are likely not to be sustainable.

Reluctance to change the current model
Many rural EMS agencies in South Dakota face significant workforce shortages and sustainability challenges. However, there appears to be reluctance to change the current model of rural EMS being provided by local independent volunteer agencies. While only 36% of survey respondents reported having enough staff today, only 33% reported defined recruitment strategies and regular recruitment activities. Similarly, while upwards of 32% of volunteer agencies have missed responses in the past year, a large percentage (67%) report being confident their agency will be providing services in 5-10 years, and 57% report being optimistic about the future of rural EMS in South Dakota.

When asked in listening sessions about the discrepancy between current workforce shortages, reliability and agencies' confidence of sustainability, agency representatives provided the following explanations:

- "We'll get by. We always have."
- "We can still make volunteerism work."
- "We recognize that we have to change, but that's 10-15 years in the future. We don't need to do anything now."
- "If we can reduce the requirements for certification or improve testing we'll find enough people."
- "We'll lose control if someone else provides EMS in our community, so we have to make it work."
- "It's not that bad. Our service has never missed a call."

Financial resources
In open-ended questions and listening sessions agency representatives reported challenges with finding or developing financial resources as labor costs continue to increase. Many of the volunteer staffed agencies increasingly have to pay incentives for labor.

EMS agencies earn revenues by transporting patients and also by billing insurance, Medicare, Medicaid or private payers for those services. When the cost of providing services exceeds what the agency is able to earn, the agency will need a subsidy. Subsidies come in many forms: tax dollars, donated labor, monetary donations and other revenue-generating activity. The largest subsidy of EMS in South Dakota today is donated labor. This subsidy is disappearing, and thus creating the need for new revenue sources.

To operate one 24/7 unit with fully paid employees and be able to cover the cost of that unit without a subsidy, an ambulance service needs between 500 and 700 paying transports per year. Only 35 of South Dakota's 130 EMS agencies have call volumes that exceed 500 transports per year.

The successful testing of new providers
In open-ended questions and listening sessions agency representatives reported challenges with new providers being able to past the National Registry of EMTs' computer based certification testing. There is not broad agreement on the extent or the causes of these challenges. Some of the causes suggested in the listening sessions were:

- The difficulty of the computer based testing process;
- Lack of comfort with technology;
- Quality of instruction; and
- Course materials not adequately preparing providers for the test.

Outdated laws and rules
In open-ended questions and listening sessions agency representatives expressed concerns that some of the current state EMS laws and rules are out-of-date, do not reflect current practice and may actually impede South Dakota's ability to keep pace with national EMS trends and trends in healthcare and rural healthcare.

Representatives of advanced life support agencies expressed concern about the limits of the current structure of EMS in South Dakota. This structure, by law, has basic life support regulated by the EMS Program and advanced life support regulated by the Board of Medical Examiners and Osteopathic Examiners. This does not match the way EMS is structured in most states and creates what some believe are unnecessary complications in and obstacles to the everyday provision of EMS and development of mobile integrated health or community paramedic type programs in South Dakota. Such programs reflect a national and international trend in emergency medical services, healthcare and rural health care.

Agency representatives requested that the EMS Program consider a review of state laws and rules with an eye toward creating the most reasonable and efficient means of regulating EMS based on trends and best practices in EMS and healthcare.

Regional collaboration
In some of the listening sessions agency representatives discussed the opportunities and risks associated with regional collaboration.

Some larger EMS agency representatives are concerned about the growing regional responsibilities they must shoulder as smaller neighboring agencies struggle with workforce and staffing issues and are unable to meet all response demands. Regional collaboration is viewed by some as an opportunity to plan, consolidate resources and prepare in a manner that takes a more system-wide approach to the provision of EMS.

Other agency representatives are concerned that regional collaboration signals the loss of control of how EMS is provided in their community; the first step toward being taken over by larger agencies; a loss of identity for their agency; and all of the challenges, problems and conflict that has been associated with rural school consolidation.

South Dakota EMS Agency Survey 2016
South Dakota Office of Rural Heath EMS Program

Introduction

By now, we hope all of you, as ambulance service directors understand the Office of EMS has moved from the Department of Public Safety to the Department of Health as of April of 2015. This move was predicated by an Executive Reorganization Order by Governor Daugaard.

Since the reorganization, the Office of Rural Health, where the EMS Program now resides, has been busy trying to better understand all facets of EMS in South Dakota. Facets around our opportunities for future growth, sustainability, and the individual heath of out of hospital care. Several initiatives have already taken place such as the EMS Stakeholder's Group which convened over the summer of 2015. Ten recommendations came out of the Group's efforts; four topical areas including Workforce, Sustainability, Quality, and Infrastructure. Meeting summaries can be found at EMS.sd.gov.

The Office of Rural Health has taken seriously the recommendations and four topical areas around EMS. To this point, our efforts have focused more on providing technical assistance to ambulance services than the regulation thereof. This focus has appreciated much success involving industry expertise. Our intention is to move EMS forward in South Dakota by focusing on how the Office of Rural Health can best provide technical assistance at the local level.

The following survey has been designed to do just that, to focus on individual opportunities each of you have in your respective service to your communities. This survey will be used by the Office of Rural Health to focus future resources bettering the overall health of out of hospital care in the State of South Dakota. All of you play a pivotal role in this process.

This survey is not, however, designed for regulatory purposes; it is designed to transform how best we serve the needs of ambulance services around South Dakota. Your individual responses will be kept confidential. We will only share aggregated findings. Once ambulance services have completed the survey, all data will be reviewed and analyzed. During the fall of 2016, the Office of Rural Health will be conducting approximately eight regional sessions across the State of South Dakota; we will be inviting each of you to attend. These sessions will allow overarching results to be shared as a whole; the sessions will also allow us to listen intently to your needs during these face to face sessions.

Please take the next 30 minutes to help us develop a focused plan to better the health of EMS in South Dakota. Your time and attention to this survey is much appreciated.

Please contact Marty Link at marty.link@state.sd.us with any questions.

1. Name of your agency

2. Location of your agency (city or town)

3. Name, email address and phone number of primary contact person

Name

Email address

Phone number

4. Approximate population of your service area (chose one)

- ◯ Less than 500
- ◯ 500-1,000
- ◯ 1,001-3,000
- ◯ 3,001-5,000
- ◯ 5,001-10,000
- ◯ Greater than 10,000

5. How is your agency staffed? (choose one)

- ◯ Predominently volunteers
- ◯ Mixture of volunteers and paid staff
- ◯ All paid staff
- ◯ Other

If "other" please explain

6. Level of clinical services provided

- ◯ Exclusively BLS
- ◯ Both BLS and ALS
- ◯ Primarily ALS
- ◯ Other

If "other" please explain

7. Ownership/structure of your agency? (choose one)

- ◯ Not for profit organization
- ◯ Municipal, township or county
- ◯ Private for profit
- ◯ Hospital
- ◯ Fire
- ◯ Taxing district
- ◯ Joint powers authority or similar configuration
- ◯ Other

If "other" please explain

8. Approximate annual call volume

- ◯ Less than 100
- ◯ 100-200
- ◯ 201-500
- ◯ 501-1,000
- ◯ 1,001-5,000
- ◯ Greater than 5,000

9. Number of employees, volunteers or members on your roster (choose one)

- ◯ less than 10
- ◯ 11-15
- ◯ 16-30
- ◯ 31-40
- ◯ Great than 40

10. Of the employees, volunteers or members on your roster how many are active (regularly take call and regularly attend meetings and training)? (choose one)

- ◯ less than 10
- ◯ 11-15
- ◯ 16-30
- ◯ 31-40
- ◯ more than 40

Comment

11. Is there a hospital in the same community as your headquarters or main station?

- ◯ Yes
- ◯ No

12. If you do not have a hospital in your community what is the approximate transport distance from your main headquarters or station to your main hospital receiving facility? (choose one)

- ◯ Less than 10 miles
- ◯ 11-15 miles
- ◯ 16-20 miles
- ◯ 21-30 miles
- ◯ 31-40 miles
- ◯ greater than 40 miles
- ◯ Does not apply. We have a hospital in our community.

Comment

South Dakota EMS Agency Survey 2016
South Dakota Office of Rural Heath EMS Program

Your agency's current challenges

13. What are your current challenges (check all that apply to your agency)

- [ ] Recruiting staff
- [ ] Retaining staff
- [ ] Advancing age of current staff
- [ ] A small group of people carrying most of the schedule load
- [ ] Declining interest and participation of staff
- [ ] Staff exhaustion and/or stress
- [ ] Providing appropriate compensation for staff
- [ ] Availability of staff during specific times
- [ ] Motivating staff to participate
- [ ] Motivating staff to attend education/training
- [ ] Managing the younger generations
- [ ] Planning for the future
- [ ] Figuring out how to move from volunteerism to more paid staff
- [ ] The leadership and management of agency
- [ ] Transitioning from a club like structure to more of a business like structure
- [ ] Availability of education/training for prospective staff
- [ ] Preparing prospective staff to pass the National Registry test
- [ ] Availability of continuing education
- [ ] Cost of initial EMT training
- [ ] Obtaining meaningful community support for agency
- [ ] Obtaining enough financial resources to meet current costs

- [ ] Developing and managing a budget
- [ ] Improving our billing and collections
- [ ] Dealing with state rules and regulations
- [ ] Dealing with internal drama or conflict between staff
- [ ] Long transports or inter facility transfers
- [ ] Too busy for the available resources
- [ ] Ensuring the quality of care provided by staff
- [ ] Competition from other agencies
- [ ] Conflict with other agencies
- [ ] Relationships with receiving facilities
- [ ] Medical director involvement
- [ ] Obtaining appropriate vehicles or equipment
- [ ] Communications while on responses
- [ ] Other

If "other" please explain

South Dakota EMS Agency Survey 2016
South Dakota Office of Rural Heath EMS Program

EMS Agency Index

We are interested in your opinions. We want to know how you think or feel about EMS, your agency and the future. This will help us better understand the current state of EMS in South Dakota and areas of greatest need.

14. Please agree or disagree with the following statements

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
As operating today we are confident our agency will be providing services in 5-10 years	○	○	○	○	○
We are optimistic about the future of rural EMS in South Dakota	○	○	○	○	○
Our agency has a plan for the future and/or have engaged in a strategic planning process	○	○	○	○	○
Today we have enough staff	○	○	○	○	○
We have defined recruitment strategies and regularly engage in recruitment activities	○	○	○	○	○
We have identified a specific number of active people we need on our roster to operate safely and humanely	○	○	○	○	○
We have prepared, capable and trusted leaders who have time to devote to leading the organization	○	○	○	○	○
We have an attractive internal culture that is friendly, inviting and professional	○	○	○	○	○

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
The physical, mental and emotional health of our employees is a priority	○	○	○	○	○
Our scheduling of staff is safe and humane (we encourage adequate time off and limit the working of continuous on-call hours)	○	○	○	○	○
Employees/volunteers/members rarely take more than 48 hours of call per week	○	○	○	○	○
Employees/volunteers/members are enthused, excited, committed and willing to do more than required	○	○	○	○	○
Employees/volunteers/members can easily leave town without worry or guilt about EMS coverage in our service area.	○	○	○	○	○
Our organizational structure is more like a business than a club	○	○	○	○	○
Employees/volunteers/members are appropriately recognized and compensated for work	○	○	○	○	○
We have clear expectations about behavior and professional conduct that are understood and enforced	○	○	○	○	○
We promptly deal with low performance in our staff	○	○	○	○	○
We have an engaged and progressive medical director	○	○	○	○	○
We have processes in place to assess and address clinical and operational quality	○	○	○	○	○
We regularly and consistently submit our data to the state	○	○	○	○	○
We have positive relationships with our major receiving facilities	○	○	○	○	○
We regularly evaluate our billing process to ensure we are maximizing revenue	○	○	○	○	○
We have access to adequate educational opportunities	○	○	○	○	○

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
Staff members regularly attend regional and national conferences to keep up with new innovation and best practices	○	○	○	○	○
We have positive relationships with our neighboring EMS agencies	○	○	○	○	○
We are involved in regional collaboration	○	○	○	○	○
People in our community regularly support us with recognition and providing resources we need	○	○	○	○	○
We are viewed by community members as an essential service (similar to law enforcement, public works, and schools)	○	○	○	○	○
Our community provides an appropriate amount of funding for EMS	○	○	○	○	○
We are highly engaged with our community in areas such as special events, education and local health initiatives	○	○	○	○	○
We have a budget and a financial plan for the future	○	○	○	○	○
We have enough financial resources to fund an appropriate level of operations for our services area	○	○	○	○	○
Our vehicles and equipment are clean, maintained, and a source of pride	○	○	○	○	○

South Dakota EMS Agency Survey 2016
South Dakota Office of Rural Heath EMS Program

About your organization

15. Tell us about your staffing schedule (please choose one of the following that best applies to your agency)

- ◯ We do not have a schedule. Calls go out to everyone and those available respond.
- ◯ We have an informal unwritten schedule that exists between the staff (everyone keeps track of who is available etc.)
- ◯ We have a formal written schedule but often have empty spaces at certain times of the day and week
- ◯ We have a formal written schedule that is consistently filled

Comment

16. Please tell us about leadership in your ageny

	YES	NO
The leader/manager of our organization is recruited and hired by a board or persons who are not employees or volunteers or members	○	○
The leader has formal leadership preparation (education and training in leadership)	○	○
The leader is empowered to discipline and fire staff	○	○
The leader takes more than 20 hours of ambulance call time in a week	○	○
The employees or volunteers or members vote to approve the acceptance of a new member	○	○

Comment

17. Please tell us about your financial situation and practices (choose all that apply)

- [ ] We have a written budget
- [ ] Revenue from our billing for transports covers all our expenses
- [ ] We are subsidized by public money (taxes, taxing district, municipal or county funds)
- [ ] We are subsidized by a hospital or other entity
- [ ] We have at least 25% of our annual budget in reserves

Comments

18. Please tell us about medical direction in your organization (check all that apply)

- [ ] We have a medical director
- [ ] Our medical director makes him/herself available when needed
- [ ] Our medical director regularly reviews PCRs when requested
- [ ] Our medical director regularly comes to our agency to review calls and educate
- [ ] Our medical director is actively interested and engaged in our agency
- [ ] Our medical director has a good knowledge of emergency medicine
- [ ] We have a job description for our medical director
- [ ] We have a contract or letter of agreement with our medical director
- [ ] We pay our medical director

Comment

19. Billing practices (choose one)

- ( ) We do our own billing internally
- ( ) We use a professional billing service
- ( ) We are part of a hospital and the hospital bills for us
- ( ) We do not bill for patient transports
- ( ) Other

If "other" please explain

South Dakota EMS Agency Survey 2016
South Dakota Office of Rural Heath EMS Program

About your facilities and technology

20. Does your agency have a physical meeting/training space in the same building where your ambulances are located?

- ◯ YES
- ◯ NO

If "NO" where do you typically meet for training or meetings?

21. Does your agency have high-speed internet at your meeting location?

- ◯ YES
- ◯ NO

Comment

22. Does your agency have a computer at your meeting location?

- ◯ YES
- ◯ NO

Comment

23. Does your agency have audio/video services at your meeting location?

- ◯ YES
- ◯ NO

Commnet

South Dakota EMS Agency Survey 2016
South Dakota Office of Rural Heath EMS Program

For Agencies Using Volunteers

This section is for those using staff that is not fully compensated or considered volunteer. Please skip questions 24-27 if you do not use volunteers.

24. Please check all that apply to you

- [ ] We are experiencing a decline in volunteerism in our area
- [ ] People in our area have less time to volunteer because of employment, commuting to work and family and other commitments
- [ ] Many younger people in our community are not interested in volunteering
- [ ] The population of our community is declining
- [ ] The percentage of people in our community over age 65 is increasing
- [ ] Certification/licensing requirements (education, testing, continuing education) are impeding our ability to recruit volunteers
- [ ] Less people in our community view volunteering as a demonstration of their commitment to their community
- [ ] We are not replacing volunteers at the rate they are leaving or retiring (our roster of active members continues to shrink)

Comment

25. In the past year have you missed any calls due to lack of staff availability (this means a neighboring agency had to respond because staff was not available)?

- ◯ YES
- ◯ NO

Comment

26. In the past year has response to any calls been delayed because of staff availability (this means multiple pages were required or response was delayed more than 15 minutes while awaiting staff response)?

- ◯ YES
- ◯ NO

Comment

27. Do you measure and track chute time (time from initial page until ambulance is rolling with full crew)?

- ◯ YES
- ◯ NO

Comment

South Dakota EMS Agency Survey 2016
South Dakota Office of Rural Heath EMS Program

What help or resources do we need

We are interested in learning about the kind of help you might need to prepare for the future or be sustainable

28. What is your area of greatest need today?

29. In what areas could you benefit from outside help? (check all that apply to your agency)

- [ ] Creating a realistic plan for the future
- [ ] Building support for our agency within the community
- [ ] Helping community leaders, residents, tax payers in our community view EMS as an essential service worthy of appropriate funding
- [ ] Assessing our whole operation and sustainability
- [ ] Developing more sustainable financial resources
- [ ] Evaluating our current financial resources and practices to ensure we are maximizing our financial opportunities
- [ ] Developing and managing a budget
- [ ] Recruiting staff
- [ ] Retaining staff
- [ ] Guidance in moving from our current model that uses volunteers to something more sustainable
- [ ] Exploring the possibilities of more collaboration or consolidation with other agencies
- [ ] Creating a realistic schedule
- [ ] Motivating staff to participate
- [ ] Motivating staff to attend education/training
- [ ] Managing the younger generations

- [ ] Developing a business like structure and business practices
- [ ] Access to education for prospective or new staff
- [ ] Access to continuing education for current staff
- [ ] Preparing prospective or new staff to pass the National Registry test
- [ ] Dealing with state rules and regulations
- [ ] Dealing with internal drama or conflict between staff
- [ ] Ensuring the quality of care provided by staff
- [ ] Managing conflict with other agencies
- [ ] Managing developing relationships with receiving facilities
- [ ] Improving medical director engagement/involvement
- [ ] Obtaining appropriate vehicles or equipment
- [ ] Improving radio communications
- [ ] Developing a sustainable community paramedic program

Other areas

30. In what other ways might the EMS Program and other resources help you?

31. During the fall of 2016, the Office of Rural Health will be conducting approximately eight regional EMS sessions across the State of South Dakota to share survey results, listen to your concerns and get your input on actions. We are considering the following locations. Please indicate the two most convenient locations for you. Choose only two.

- [ ] Watertown
- [ ] Sioux Falls
- [ ] Parkston
- [ ] Aberdeen
- [ ] Pierre
- [ ] Spearfish
- [ ] Hot Springs
- [ ] Mobridge
- [ ] Rapid City
- [ ] Mitchell
- [ ] Chamberlain

Comment